

## Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective

People Recover

## Disclaimer


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## Does a Health-Based Approach Help to Engage Treatment Resistant Adults with the Mental Health System?

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## What We're Studying

- The PBHCl grant aims to provide medical intervention and wellness programming for consumers with serious mental illness. Region Ten, in addition to providing these services, seeks to target a smaller subset of this population: young adults who are newly diagnosed with SMI who may present with additional barriers to treatment and have limited insight into their mental illness.
- **Goal:** Determine whether engaging this cohort in less stigmatized, health-focused activities, such as nutrition classes and sports/movement groups in the community, will improve outcomes for this vulnerable population. Activities will involve socialization and peer-based support.
- **Questions of Interest:**
  - What are the gaps between providers and patients in prioritization of treatment goals?
  - Does a strengths-based, health-focused integrated care approach improve attitudes towards patients' engagement in care and sense of self-competence in directing their care?
  - Does this program ultimately work to reduce the number of hospitalizations and/or increase the likelihood that consumers choose to take medication?
  - What internal staff processes are helpful in implementing this new system?



# The Challenge

**This project was created to engage a population with unique barriers to health**

- Ages 18 to 30
- Diagnoses of Prodromal Schizophrenia, Psychosis NOS, Brief Psychotic Disorder, Schizophreniform Disorder, Schizoaffective Disorder, and Schizophrenia
- These consumers are often more difficult to engage in treatment due to stigma, side effects of medication, lack of healthy role models among people with mental illness, and ability to accept the weightiness of a chronic mental health diagnosis

**Goal is to explore modes of engagement that exist outside of traditional physician-clinician patient roles**

- Introduction of the BOOST program offers a possible alternative venue of engagement
- Allows us to offer group workshops focused on physical activity as well as on health, nutrition, and general wellness

**Our posed hypothesis is that if consumers participate in a community-based health skills class successfully, that knowledge and engagement might reinforce a healthy approach and an increased engagement in the more traditional office patient-provider dyad.**



## Region Ten and Sentara: Creating Integrated Care

**Region Ten is the local Community Services Board in Charlottesville, VA which serves 6 counties and approximately 9400 people annually, providing services for:**

- Seriously Mentally Ill
- Intellectually Disabled
- Individuals in Crisis
- Those in need of short term outpatient treatment
- Those In need of treatment for substance abuse
- Children and adolescents

**In 2015, Region Ten developed a partnership with Sentara Healthcare, a local private, non-profit healthcare system, to offer on site Primary Care Services when a co-located primary care clinic was opened in the same building as Region Ten's psychiatry team. The PBHCI grant was intended to create a stronger integration between these two treatment teams and address chronic health conditions among people with mental illness.**



# Models to Draw From

**The project incorporates elements of Positive Youth Development (PYD) theory, augmented by data from the RAISE project**

- "PYD is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths." (youth.gov)

## **RAISE project:**

- From NIMH to study the best way to intervene after First Episode Psychosis (FEP). Compared Coordinated Specialty Care (CSC), "a recovery-oriented treatment program for people with FEP. CSC uses a team who works with the client to create a personal treatment plan. The team offers psychotherapy, medication management geared to individuals with FEP, case management, family education and support, and work or education support," to care typically available in community settings.
- Outcome showed clients with CSC stayed in treatment longer, experienced greater improvement in their symptoms, interpersonal relationships, and quality of life, and were more involved in work or school.



# Program Description

## **BOOST at Region Ten**

- BOOST Your Wellbeing is the name of our integrated care project created through the PBHCI grant
- In addition to promoting the integration of primary care, BOOST utilizes Evidence Based Practices (EBPs) for nutrition and movement, smoking cessation, and holistic health
- Also encourages overall healthy lifestyle for both consumers and agency staff

## **Region Ten Integrated Clinic**

- In one building there are psychiatry services, co-located primary care through Sentara, and access to a full range of outpatient services (therapy, case management, etc.)



**Criteria for consumer enrollment is having a SMI diagnosis and to be engaged with one of our partner PCPs (or to not have a PCP and be willing to enroll)**



# BOOST Your Wellbeing

- **Overall promotion of primary care services through improving integration with mental healthcare and assistance with linking to a PCP**
- **Utilizes EBPs that promote wellness and includes:**
  - *Nutrition and Exercise for Wellness and Recovery (NEW-R)*
  - *Learning About Healthy Living (LAHL)*
  - *Whole Health Action Management (WHAM)*
- **Other Group Activities**
  - *Group walks - twice per day, three times per week at 2 different locations*
  - *Group activities at local park one day per week*
    - Park activities include walking trails, basketball, tennis, etc.
  - *Sponsoring gym memberships at local fitness centers*
  - *Gardening project*



## Methodology:

- **Recorded interviews will be conducted to gather information about patient and provider's attitudes around health.**
  - *5-10 patients and providers*
  - *BOOST staff as interviewer*
- **Interviews will be qualitatively analyzed to draw out important patterns and concepts in the data.**
- **Results of this analysis will be used to direct growth of our BOOST program in hopes of improving engagement in treatment among this population.**



## Consumer Interview Questions

1. What does it mean to you to be healthy?
2. What steps do you currently take for your health?
3. During times that you felt really good about your health, what helped you get to that place? What helped you stay there?
4. What do you think gets in the way of maintaining your health?
5. In terms of supports available to you, what resources help you get closer to your goals? What resources do you find not so helpful? What do you *wish* that you had to help you?
6. How does exercise and nutrition play into health for you?
7. How would you describe your strengths?
8. What do you imagine yourself doing in 10 years?



## Provider Interview Questions

1. What does a healthy patient mean to you?
2. What are steps that you would like your patients to take to stay healthy?
3. What has been successful in keeping your patients healthy? In keeping your patients healthy?
4. What barriers to maintaining health do you identify among patients?
5. What resources available to your patients do you feel are most vital to their health? What resources are available but could be improved (and how)? What resources do you wish your patients had to help them stay healthy?
6. How do you think nutrition and exercise play into your patients' health?
7. What strengths do you identify in your patients?
8. What do you envision your patients doing in 10 years?






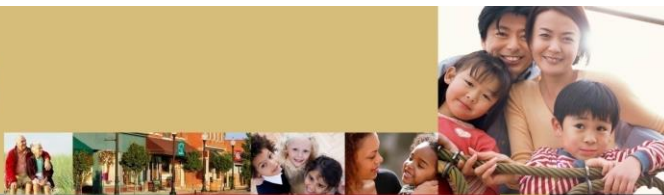





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## Bridging the Gap between Chronic Disease and Behavioral Health Self-Management

### Inspira Health Network

# Andrea Oliver

As a nurse practitioner since 2005, I have worked in a variety of practice settings including family practice/primary care, long-term care, subacute rehabilitation, outpatient cardiology, and outpatient dialysis. Not only do I have a diverse range of clinical expertise, but I am well-versed in evidence-based practice guidelines, quality performance measures, and patient-centered care. As a Masters in Healthcare Administration student, I have invested considerable time learning about systems management, organizational strategies and various healthcare delivery models.



## Chronic Disease Self-Management based in the Theory of Self-Efficacy

- Self-efficacy refers to a person's belief in his or her capacity to perform the behaviors necessary to produce a desired outcome (Bandura, 1997).
- Such beliefs have been empirically associated with a range of actual behaviors and positive outcomes in various populations, including groups with chronic illness (Lorig, Sobel, Ritter, Laurent, & Hobbs, 2001).
- The self-efficacy theory states that (1) the strength of belief in one's capacity is a good predictor of motivation and behavior; (2) in addition, one's self-efficacy beliefs can be enhanced through performance mastery; (3) finally, enhanced self-efficacy leads to improved behaviors, motivation, thinking patterns, and emotional well-being (Ritter and Lorig, 2014).
- It is therefore proposed that, by enhancing the self-efficacy of patients with chronic disease including mental or behavioral illness, the adoption of positive health behaviors and reduction of disease exacerbating behaviors will be demonstrated.





## CDSMP

- The Chronic Disease Self-Management (CDSMP) workshop was developed at Stanford University. The purpose of the research was to develop and evaluate, through a randomized controlled trial, a community-based self-management program that assists people with chronic illness. The study was completed in 1996.
- The process of the program was based on the experience of the investigators and others with self-efficacy, the confidence one has that he or she can master a new skill or affect one's own health. The content of the workshop was the result of focus groups with people with chronic disease, in which the participants discussed which content areas were the most important for them.



## CDSMP

- Interplay between **physical and mental health** – suggesting “depression is associated with poor adherence to medication across a range of chronic diseases” (Grenard et al., 2011)
- There is a strong association between low self-efficacy and depression
- Additionally, it is suggested that increased self-efficacy may reduce anxiety and depression symptoms
- CDSMP participants with baseline depression have shown significantly less depression as well as greater improvements in fatigue and activity limitation at 12 months post intervention (Ritter et al, 2014).



# Elements of CDSMP

- Topics covered during each session include 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, 6) decision making, and, 7) how to evaluate new treatments.
- Each session concludes with setting an action plan – participants are asked to set a SMART (specific, measurable, achievable, realistic, time-sensitive) goal of their choice which is something he or she WANTS to do and something they know will benefit their health and well-being.
- Participants must have a confidence level of 7 or above when setting action plans. If their confidence level is less than 7, the group brainstorms ways to modify goals so they are more achievable



## Pain and Fatigue

What causes pain?	Which of these causes fatigue?	What else causes fatigue?	What are some things you can do to help fatigue?	Which of these also helps with pain?	Can you think of any other tools which might help pain?
<ul style="list-style-type: none"> <li>• Disease (arthritis, disc disease)</li> <li>• Inactivity</li> <li>• Muscle tension</li> <li>• Stress</li> <li>• Depression</li> <li>• Lack of sleep</li> <li>• Overdoing it</li> </ul>	<ul style="list-style-type: none"> <li>• Disease (arthritis, disc disease)</li> <li>• Inactivity</li> <li>• Muscle tension</li> <li>• Stress</li> <li>• Depression</li> <li>• Lack of sleep</li> <li>• Overdoing it</li> </ul>	<ul style="list-style-type: none"> <li>• Dehydration</li> <li>• Poor nutrition</li> <li>• Medication side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Not overdoing</li> <li>• Planning the day to mix rest with activity</li> <li>• Resting</li> <li>• Exercise</li> <li>• Relaxation</li> <li>• Social activities</li> <li>• Learning to say no</li> <li>• Good nutrition</li> <li>• Meditation</li> <li>• Getting good nights sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Not overdoing</li> <li>• Planning the day to mix rest with activity</li> <li>• Resting</li> <li>• Exercise</li> <li>• Relaxation</li> <li>• Learning to say no</li> <li>• Good nutrition</li> <li>• Meditation</li> <li>• Getting good nights sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Medication</li> <li>• Use of heat/ cold and massage</li> </ul>

## Testimonials



## Testimonials

- V.V. is a middle-aged Hispanic American woman with an extensive history of chronic pain, severe depression, anxiety and agoraphobia. Prior to participation in the CDSMP workshops, she refused to leave the house. She hadn't bathed in months. She had no friends, no social outlets and felt hopeless. After participating in the CDSMP, V.V. states "the program was more than good. It helped me a lot. I have more self-confidence, I am able to enjoy activities with my family. Before I was afraid. I am bathing two to three times a week, I go out in public, and I feel good about myself"



# Testimonials

- “I look forward to learning other things when they come back next week. Setting goals and being able to say I accomplished something is a great feeling.” J.C.
- “I have diabetes and I wasn’t eating the way I should have. The CDSMP has been a huge part of my success and growth” B.T.
- “Thank you for being the best ambassadors to health and well-being a group could ask for. The CDSMP is a great program and has helped me manage my symptoms better” Louise
- “I would suggest the CDSMP be a part of groups like this more often... I have been able to learn so many new skills about portion control, communication, medications and overall well-being” H.M.



# CDSMP Toolkit

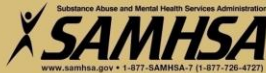
## Tool Kit for Active Living with Chronic Conditions

- Making Decisions
- Planning
- Sleep
- Using Your Mind
- Understanding Emotions
- Healthy Eating
- Evaluating Treatments
- Problem-Solving
- Physical Activity
- Pain Management
- Weight Management
- Communication
- Medication Usage
- Working with Healthcare Professionals



# References

- Bandura, A. (1997). Self-efficacy: The exercise of control. W.H. Freeman and Company; New York.
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**Integrated Illness Management and Recovery (I-IMR): A Standardized Skills Training Curriculum for People with SMI**

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 Meghan Santos, LICSW  
 Project Director  
 Geisel School of Medicine at Dartmouth



## An “Epidemic” of Early Mortality: Mean Years of Potential Life Lost

Year	AZ	MO	OK	RI	TX	UT
1997		26.3	25.1		28.5	
1998		27.3	25.1		28.8	29.3
1999	32.2	26.8	26.3		29.3	26.9
2000	31.8	27.9		24.9		

**Compared with the general population, life expectancy of people with serious mental illness is 25-30 years less.**

Colton CW, Manderscheid RW. Prev Chronic Dis [serial online] 2006 Apr [date cited].  
 Available at: URL:[http://www.cdc.gov/pcd/issues/2006/apr/05\\_0180.htm](http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm)





# I-IMR

- Adaptation of the EBP IMR created in 2005
- Focus on “Recovery” and training people to take steps to better manage their own health
- Education about relationship between physical and mental health and determining the source of distress/problems
- Uses psychoeducation, CBT strategies, motivational enhancement, and skills training
- Handouts and clinician guide for 10 modules
- Flexible: delivered by bachelor or master’s level person individually or in group over 4-10 months
- Targets: health behavior change, improved disease management, enhanced health outcomes, achievement of personally meaningful goals



## I-IMR Evaluation

- **RCT funded by NIMH/SAMHSA (R34 MH074786)**
  - *n=70 adults with SMI age 50+*
  - *2 CMHCs in NH*
- **Thresholds (Chicago) Pilot Study**
  - *RCT n=50 adults with SMI age 50+*
- **Key Outcomes:** *Significant improvement in client-rated knowledge of symptoms, meds, coping, relapse prevention planning; clinician-rated symptom distress and impact on functioning; greater information seeking, diabetes self-management; decrease in % of participants hospitalized ((31% to 0% versus 12% to 25%).*

Bartels, S.J., Pratt, S.I., Mueser, K.T., Naslund, J.A., Wolfe, R.S., Santos, M.M., Xie, H., & Riera, E.G. (2014). Integrated IMR for psychiatric and general medical illness for adults aged 50 or older with serious mental illness. *Psychiatric Services*, 65(3), 330-337.



# The I-IMR Curriculum

1. Recovery
2. The Brain – Body Connection
3. Practical Facts on Physical and Mental Health
4. Skills for Living a Healthy Lifestyle
5. Using Medications Effectively
6. Building Social Support
7. Managing Stress
8. Managing Physical and Mental Health
9. Relapse Prevention
10. Getting What You Need from the Health Care System

Supplementary: Tobacco Use

Supplementary: Drug and Alcohol Use



## Mind-Body Connection

- Explanation of “Stress Vulnerability Model”
- Identifying the “Source” of Problem
  - Reducing Biological Factors
  - Reducing Stress and Environmental Factors
  - Review of Risk Factors AND Protective Factors



## Psychoeducation on Psychiatric and Medical Illness

- Diabetes
- Fibromyalgia
- High Blood Pressure
- Congestive Heart Failure
- Obesity and Overweight
- Sexually Transmitted Infections (STI)
- Alcohol and Substance Use\*
- Gastro Esophageal Reflux Disease (GERD)
- Chronic Obstructive Pulmonary Disease
- Osteoporosis
- Osteoarthritis
- High Cholesterol
- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Major Depression
- PTSD



## General Structure of I-IMR Individual Session or Group

- Set the Agenda for Session (5 min)
- Review of Progress Towards Goal (5 min)
- Review of Previous Session (5min)
- Review of Home Practice (5 min)
- Establish Rationale for Topic (10 min)
- Introduce and Discuss Topic (10 min)
- Practice Skill (10-15 min)
- Assign Home Practice (5-10 min)



# Medical Condition Management Worksheet

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To achieve good control of your \_\_\_\_\_, it is important to take practical steps towards better management. Take one step now, and after you have achieved it, move on to another.



Selected Step: \_\_\_\_\_

Action Plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Confidence Ruler: 1 2 3 4 5 6 7 8 9 10  
 Not confident      Somewhat confident      Extremely confident



# Recovery Strategies Worksheet

## Living Life to the Fullest!

People are entitled to live the **best** lives they can imagine. Being healthy and achieving "recovery" can make it easier to get the most out of life.



Let's Discuss!

The word recovery can mean many things. What does "recovery" mean to you?  
 Do you feel like you are getting the most out of your life?  
 What makes life worth living for you? What gives you meaning in life?

## The Brain-Body Connection

There is a powerful connection between the brain and the body. Mental health affects physical health and vice versa. For example, stress and depression can cause physical pain, make people more vulnerable to catching colds, lead to ulcers, cause migraines, and increase blood pressure. Being physically ill (for example having chronic pain, cancer, diabetes, or COPD) can cause mental health symptoms like depression, irritability, or confusion. When someone has a mental and a physical illness, it is important to manage BOTH of them because a relapse in one can cause a relapse in the other. Recovery from illness, which you can achieve if you learn how to manage your symptoms and work on goals, can help you move closer to the life you want to lead.

Let's Discuss!

How do your mental and physical illnesses affect each other?  
 How do you feel physically when you are stressed or in a bad mood?  
 What happens to your mood when you are not feeling good physically?



# Home Practice Worksheet

## Integrated Illness Management and Recovery Home Practice Sheet

My home practice for this week is:

---

To complete this home practice, I will use the following plan:

When: \_\_\_\_\_

Where: \_\_\_\_\_

With Whom: \_\_\_\_\_

What do I need to do the practice? \_\_\_\_\_

Today's Date: --/------

Participant: \_\_\_\_\_

IIMR Specialist: \_\_\_\_\_

# Diabetes Management

## Managing Diabetes

People with diabetes need to eat healthy and get regular exercise. They also have to watch for signs that their blood sugar is too low (a condition called *hypoglycemia*), or too high (a condition called *hyperglycemia*). Both of these conditions can be dangerous, even life-threatening. In type 2 diabetes that is not treated with insulin, it is more common to experience high blood sugar (glucose), however it is also important to know the symptoms of low blood sugar and to take diabetes medications as prescribed to avoid low blood sugar.

## Hemoglobin A1c: Know Your Number

This is your Average Blood Sugar over the past 2-3 months and can be measured by a blood test. A Hemoglobin A1c of 7 or less is ideal.



RED:	"Stop and Think"	10.0%
YELLOW:	"Caution" Be Careful	8.0%
GREEN:	"Good Going" Great Control	7.0%



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